

Disability Accommodation Request Form

Submission Instructions: Please print, complete, and mail this form and <u>all supporting</u> <u>documentation</u> to the address on the bottom of this form. Requests can be made at any time; however, in order for accommodation requests to be reviewed and determined prior to the start of a term, completed forms and documentation must be submitted by your program deadline listed below. Requests made after the deadlines or during the term will be reviewed and determined as quickly as possible.

December 10 (for new, spring term)

□**March 10** (housing accommodation requests due for returning students, fall term) □**June 1** (for new students and non-housing accommodation requests for returning students, fall term)—please note: housing assignments are for the full academic year; therefore, requests made after the June 1 deadline may be more difficult to fulfill

When a Student is Entitled to Accommodation: Under applicable disabilities laws, an otherwise qualified student with a disability is entitled to reasonable accommodation in order to provide equal access to college programs and facilities. A "disability" is a physical or mental impairment which substantially limits a major life activity, such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working, or other activities as required by law. Hesston College works with each student to determine reasonable accommodations when the student has filed a request for accommodation and submitted adequate documentation as provided below.

Your Request for Accommodation and Required Documentation: Your request for accommodation must be as specific as possible and normally must be accompanied by the Documentation of Disability form or an equivalent report (e.g. a copy of a psychoeducational or psychological evaluation). As defined by the American's with Disabilities Act (ADA), a service animal is defined as a dog that is individually trained to do work or perform tasks for the benefit of a person with a disability. The dog must also be trained to behave properly in places of public accommodation. An emotional support animal (ESA) is an animal that has been prescribed for a person by his/her licensed mental health professional in a properly formatted letter. This letter should state that the person is determined to be emotionally or psychiatrically disabled and that the presence of the animal is necessary for the disabled person's mental health.

How the College Will Respond to Your Request: You may be asked to supplement the documentation you have provided. Once we have received a specific request for accommodation from you, we will work interactively with you to identify one or more appropriate accommodations, which may or may not be the specific accommodation(s) you have requested. The College's goal is

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to provide accommodations that are effective, even though they may not be the specific accommodations requested in all cases.

Grievance Policy: A grievance policy for students, who believe they have been denied access to the College's programs or services because of a disability, including denial of a request for accommodation, is printed in the Student Handbook, which is available on the website or in the Dean's Offices.

Contacts:

- for Academic/Classroom Accommodations: Deb Roth deb.roth@hesston.edu 620.327.8239
- for Residence Life/Housing: Juli Winter juli.winter@hesston.edu 620.327.8236

Hesston College 301 S. Main Street Hesston, KS 67062

Please continue with next page



Student's Name:		
Home Address:		
City:	State:	Zip:
Email:		
Diagnosed disability:		
Please check the type of accommodation req be arranged and confirmed with each studen Success.		1
Academic (Will be arranged on a clas	-	text, testing, preferential seating,
Wheelchair accessibility		
Housing		
Dietary		
Assistance animal Other		
Required documentation is: Denclosed or D		
I authorize the College to arrange for reasonal others as necessary, and to obtain additional has/have diagnosed or treated me for my dis	information from the	
Student's Signature:		Date:
Name of Diagnostician:		
Address:		
City:		ZIP:
Daytime Telephone:		

Attach additional pages as necessary.